

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004972	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/30/2014
NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 8111 S EMERSON AVE INDIANAPOLIS, IN 46237		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of two State hospital complaints.</p> <p>Facility Number: 004972</p> <p>Date: 9/29/14 and 9/30/14</p> <p>Complaint Numbers: IN00140811: Unsubstantiated; lack of sufficient evidence. IN00143918: Substantiated; no deficiencies related to allegations are cited. Deficiency unrelated to allegation is cited.</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/08/14</p>	S 000		
S 322	<p>410 IAC 15-1.4-1 GOVERNING BOARD</p> <p>410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>This RULE is not met as evidenced by:</p>	S 322		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 322	<p>Continued From page 1</p> <p>Based on policy and procedure review, medical record review, and staff interview, the governing board failed to ensure that the transfer policy was implemented for 1 of 1 transferred patient (pt. #1).</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of the policy and procedure "Case Management role in transfer to another acute care facility.", revised 3/2012, with no policy number, indicated: <ol style="list-style-type: none"> Under section II., "Process", it read: "...a) the case manager will verify order on chart...c) the patient must be stable, is informed of risks, benefits, and request transfer in writing...f) the case manager will document in the chart that the receiving hospital will accept the patient, who was spoken with, time and date...i) complete the "Authorization for Transfer" Form j) the physician must sign or cosign the "Authorization for Transfer" form...l) Copies of transfer form 1. Original with medical record 2. Yellow with chart 3. Pink to performance improvement department". Review of the medical record for pt. #1 indicated there was no "Authorization to Transfer" form in the patient's record. At 4:15 PM on 9/29/14, interview with staff member #55, the RN (registered nurse) IT (information technology) specialist, indicated that: <ol style="list-style-type: none"> No transfer form could be found in the medical record for pt. #1. No documentation, by case management, was found in the medical record regarding risks and benefits explained to the patient/family or the receiving hospital's acceptance of the patient. At 11:10 AM on 9/30/14, interview with staff 	S 322		

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S 322	Continued From page 2 member #57, the manager of case management, indicated: a. No transfer form could be found in the medical record for pt. #1. b. The new Transfer Form is dated 05/07/13 and is electronic so that there are no longer 3 color coded copies to distribute as the policy states. c. The policy was not updated when the transfer form was updated to become electronic. d. If a transfer form was completed, nursing staff failed to make a copy for the patient's medical record. e. The transporting emergency medical staff were contacted and they do not have a copy of a transfer form for this patient on file. f. It cannot be determined that nursing staff completed a transfer form for pt. #1, as required by policy. g. The facility policy has not been updated to reflect what staff are to currently put into process at the time of a patient transfer.	S 322		